



CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue Cambridge MA 02139 (617) 349-6140

OPEN AIR PARKING LICENSE

Type of License: OPEN AIR PARKING LICENSE

Name of Business:

Business Address:

Name of Applicant:

Home Address:

Home phone:

Other phone:

Name of corporation, trust or other entity:

Name & title of authorized officer:

Officer's Address:

Home phone:

Other phone:

I hereby certify under the pains and penalties of perjury, that the foregoing and following information is true and accurate to the best of my understanding and belief.

(signature)

(printed name)

PROPOSED HOURS OF OPERATION:

PROPOSED DAYS OF OPERATION:

PROPOSED NUMBER OF EMPLOYEES:

PROPOSED NUMBER OF VEHICLES :

WHO IS THE ONSITE MANAGER OF THE BUSINESS?

NAME:

ADDRESS:

PHONE:

If you have been in business before, please list the names, locations and nature of the businesses: *New licenses only

1. Business Name:

Address:

2. Business Name:

Address:

3. Business Name:

Address:

State briefly why you want to conduct this business in the City of Cambridge?

**IF YOU DO NOT OWN THE PROPERTY IN WHICH YOUR BUSINESS IS LOCATED,
PLEASE HAVE THIS FORM COMPLETED BY THE PROPERTY OWNER.**

PROPERTY OWNER INFORMATION

PROPERTY ADDRESS:

OWNER'S NAME:

PHONE:

PROPERTY OWNER STATEMENT

I, hereby state that I am the property owner at _____, and
that the abovementioned business has the right to use the property for the purpose stated
in this application.

Signature

Date

PLEASE ATTACH A PROPERTY CARD FROM THE ASSESSORS' OFFICE WITH THIS FORM